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Trish Palmer: VT Futures Project Department of Mental Health 108 Cherry St. Burlington, VT 05402-0070

Dear Trish:

Please accept this as a letter of intent from the HowardCenter formalizing our plan to submit a full proposal to the Department of Mental Health to expand and re-tool ASSIST, our crisis hospital diversion program. The primary elements of our proposal are 1) to renovate our existing space to expand bed capacity and maximize staffing resources through the co-location of our Mobile Crisis Team; 2) increase number and type of staff to allow us to admit individuals who are in a more acute stage of their crisis; and 3) re-tool our therapeutic programming to better assist clients to return to their previous level of functioning.

As the state's largest volume Crisis Service, we have used ASSIST extensively to divert and shorten inpatient stays. In fiscal 2007 we had 352 admissions to ASSIST, for a total of 868 bed days. Our Mobile Crisis Team admitted 278 individuals to inpatient units voluntarily, and another 128 involuntarily. We believe that some of these admissions could have been diverted had we had additional resources at ASSIST to manage these clients.

We believe that with an increased bed capacity we could again offer hospital diversion services to all adults in our catchment area, regardless of whether they meet CRT eligibility criteria, and would also be better able to provide services to CRT clients in neighboring areas, such as Addison County.

Since we are very early in the development of a final budget, our best estimate at this point would be as follows:

Current ASSIST budget (3 beds)	534.390
Increased Staffing: 1 FT & 2 PT staff & 1 FT Nurse	170,000
Increased operating (as a result of increased bed days)	15,000
Training (DBT, CBT, NAPPI)	3,000
Building Expansion (estimated at 2,000 sq ft @ \$220 depreciated over 10 years)	44,000
Administration on new cost	29,000

Estimated ASSIST Cost (6 beds) 795,390

While we appreciate that the State has limited resources for program development, we sincerely believe that stabilization of the Assist Program and exploring its possible expansion are legitimate and worthy of State funding support. As the primary crisis bed and hospital diversion program in Vermont's most populous county the Assist Program's ability to influence and

reduce demand on more expensive, limited resources is considerable. If you require more detailed information please feel free to call at your convenience. In any case, your consideration of this request is appreciated.

Sincerely,

Sheryl Bellman, LCMHC, LADC Director of Crisis Services